



Fayette
COUNTY

"WHERE QUALITY
IS A LIFESTYLE"

WATER SYSTEM
P.O. BOX 190
245 McDONOUGH ROAD
FAYETTEVILLE, GEORGIA 30214
PHONE: 770-461-1146
water@fayettecountyga.gov
www.fayettecountyga.gov

**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)
FOR FAYETTE COUNTY WATER SYSTEM**

I (we) hereby authorize FAYETTE COUNTY WATER SYSTEM, to initiate debit entries to my (our):

() Checking Account () Savings Account

at the depository financial institution named below, hereinafter called DEPOSITORY for amounts due for water service received from the Fayette County Water System.

Depository Name _____ Branch _____

City _____ State _____ ZIP _____

Routing Number _____ Account No. _____

This authorization is to remain in full force and effect until FAYETTE COUNTY WATER SYSTEM has received written notification from me (or either of us) of its termination in such time and in such manner as to afford FAYETTE COUNTY WATER SYSTEM and DEPOSITORY a reasonable opportunity to act upon the cancellation request.

NOTE: *I (we) understand that the debit entry on my (our) account will be processed on the bill due date. If my (our) due date falls on a weekend, the debit entry will be made the next following business day. I understand that I (we) must provide written notice of cancellation and/or financial institution changes at least thirty (30) days before the payment due date. I (we) understand that this Agreement will be terminated if one (1) debit item is returned.*

Name(s) _____

Water Account Number: _____ Telephone Number: _____

Signed: _____ Date: _____

Signed: _____ Date: _____

We are pleased to invite you to sign up to receive your monthly billing by email. To receive your monthly bill by email all we need is a current email address. To enroll in this program please provide the current email address you wish to add to your account: _____